

2496

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Dr. Neff
ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

State File No. 195
Registrar's No. 156
Place of Death: (a) County Maricopa (b) City or Town Mesa (c) Location 458 Clark St.
(If outside city limits also write RURAL)
Length of Stay: In Hospital or Institution 60 Yrs. (Specify whether years, months or days)
Usual Residence of Deceased: (a) State Arizona (b) County Maricopa (c) City or Town Mesa
(If outside city limits also write RURAL)
Street No. 427 S. Newell Mesa, Arizona
(e) Citizen of foreign country (yes or No) None
(a) FULL NAME Perry Millett (b) If Veteran name war None Social Security No. None

Sex Male 5. Color or Race White 6. (a) Single, married, widowed Married

(b) Name of husband Loretta Millett 6. (c) Age of husband or wife, if alive 70 yrs.

Birthdate of deceased Feb. 27, 1872
(Month) (Day) (Year)
AGE: Years 70 Months 5 Days 12
If less than one day hrs. min.

Birthplace Dixie Utah
(City, town or county) (State or Country)

Usual Occupation Retired
Industry or Business

12. Name Alma Millett
13. Birthplace Unknown
(City, town or county) (State or Country)

14. Maiden Name Ennice Beal
15. Birthplace Unknown
(City, town or county) (State or Country)

(a) Informant's own signature J. E. Millett
(b) Address Mesa, Arizona

(a) Burial, Cremation or Removal Burial
(b) Place Mesa, Arizona (c) Date 8/12/42

(a) Embalmer's Signature J. E. Millett
(b) Funeral Director Meldrum Mortuary
(c) Address Mesa, Arizona

(a) 8-14-42
(Date received local Registrar)

(b) J. P. Truman M.D.
(Registrar's Signature)
20M 100-4-1

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Aug. 9, 1942
TIME (Hour and minute) 4 P.M.

21. I hereby certify that I attended the deceased from del. Nat.
see alive 19 to 19
that I last saw him alive on 19

and that death occurred on the date and hour stated above.
Immediate cause of death

Coronary Occlusion
Due to

Due to senility

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

DURATION

2 hours

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify)
(b) Date of occurrence

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (a) Means of injury

23. Signature Mesa M. D. 8-14-42
Address Mesa Date 8-14-42